

MINNESOTA WING CIVIL AIR PATROL
APPLICATION FOR CAP MOTOR VEHICLE OPERATOR IDENTIFICATION CARD

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	UNIT CHARTER #:
CAPSN:	MEMBERSHIP CATEGORY: <input type="checkbox"/> SENIOR <input type="checkbox"/> CADET	HOME PHONE:	WORK PHONE:		

INDICATE INDIVIDUAL VEHICLES REQUESTED

CLASS C GENERAL PURPOSE <input type="checkbox"/> SEDANS <input type="checkbox"/> PICKUP TRUCKS <input type="checkbox"/> STATION WAGONS	CLASS C SPECIAL PURPOSE* <input type="checkbox"/> FOUR WHEEL DRIVE VEHICLES <input type="checkbox"/> VANS
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1. CLASS C SPECIAL PURPOSE VEHICLES REQUIRE A LOCAL CHECK RIDE FOR EACH VEHICLE TYPE
 2. DRIVERS MUST BE LICENSED IN CLASS OF VEHICLE AND COMPLY WITH MINNESOTA STATE DRIVING STATUTES.

DOCUMENTATION

I HAVE ATTACHED A COPY OF MY MEMBERSHIP CARD, A LEGIBLE COPY OR IMPRINT OF MY DRIVER'S LICENSE AND A COPY OF MY DRIVER'S HISTORY THAT I OBTAINED FROM A LAW ENFORCEMENT AGENCY (IF CITATIONS OR ACCIDENTS HAVE OCCURRED IN OTHER STATES IN THE PAST FOUR YEARS, A COPY OF DRIVER'S HISTORY FROM EACH APPLICABLE STATE MUST ALSO BE ATTACHED).

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND I HAVE MET ALL REQUIREMENTS FOR AN OPERATOR IDENTIFICATION CARD.

 APPLICANT'S SIGNATURE DATE

PARENTAL APPROVAL (TO BE COMPLETED IF APPLICANT IS UNDER 21 YEARS OF AGE)

I PERMIT MY SON/DAUGHTER TO OPERATE CIVIL AIR PATROL VEHICLES.

 PARENT'S SIGNATURE DATE

UNIT COMMANDER'S APPROVAL

I CERTIFY THAT THIS INDIVIDUAL HAS RECEIVED INSTRUCTION IN CAP VEHICLE OPERATION, HAS DEMONSTRATED UNDER SUPERVISION THAT HE/SHE IS QUALIFIED TO OPERATE THE VEHICLE(S) AS REQUESTED ABOVE AND THIS APPLICATION HAS MY APPROVAL

 UNIT COMMANDER'S SIGNATURE DATE

WING USE ONLY

 WING TRANSPORTATION OFFICER'S SIGNATURE DATE

CAP MOTOR VEHICLE ID ISSUED ON: _____ EXPIRATION DATE: _____

CAP MOTOR VEHICLE ID NUMBER: _____